

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09 / 807319

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3			1			
4		3		3		
5						
6		1		1		
7	1					
8	1					
9	2					
10	1					
11						
12	1					
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48						
49						
50						
TOTAL IND.	3		1			
TOTAL DEP.	12	↓	5	↓		↓
TOTAL CLAIMS	15	REMOVED	6	REMOVED	REMOVED	REMOVED

CLAIMS	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.				↓		↓
TOTAL CLAIMS				↓		↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
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